Utah Department of health TB Control / Refugee Health Program Month:

	DRU	G INVENTORY	/ ORDER MONTHLY	REPORT	
Pharmacy Name:				Inventory	
Pharmacy Address:				Reorder	9
Contact Person:					
Drug	# Prescriptions	Inventory	Expiration Date	Reorder Quantity	Size / Amount
INH 100 mg		,			100 tabs
INH 300 mg					1000 tabs
INH Syrup					480 ml
Ethambutol 100 mg					100 tabs
Ethambutol 400 mg					100 tabs
Rifadin 100 mg					60 tabs
Rifadin 300 mg					60 tabs
Rifamate 300 mg					60 tabs
Pyrazinamide 100 mg					100 tabs
Other (List)					
,					
Send Original to:	Utah Departmen (801) 538-6224	nt of Health, Refu _l Fax: (8	gee Health Program, Box 801) 538-9913	142105, SLC UT 8411-	4-2105
	DRU	TB Control /	Departmentof health Refugee Health Program Y / ORDER MONTHLY	m Month: REPORT	
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	100 tabs 1000 tabs 480 ml 100 tabs 100 tabs
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	100 tabs
	100 tabe
	100 tabs
	60 tabs
	60 tabs
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	100 tabs

Utah Department of Health, Refugee Health Program, Box 142105, SLC UT 84114-2105 (801) 538-6224 Fax: (801) 538-9913 Send Original to:

Pharmacy Address:

Contact Person: